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CONFIRMATION NO. 6459

<b>SERIAL NUMBER</b> 10/823,494	<b>FILING OR 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 391442006300
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/462,736 04/11/2003 and claims benefit of 60/505,688 09/23/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 06/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 57	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**  
25225

**TITLE**  
CXCR4 chemokine receptor binding compounds

<b>FILING FEE RECEIVED</b> 826	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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